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REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

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| For receiving Office use only | |
| PCT/EP 02 / 1 4 8 9 9 | |
| International Application No. | 30 DEC 2002 (30. 12. 2002) |
| International Filing Date | |
| EUROPEAN PATENT OFFICE PCT INTERNATIONAL APPLICATION | |
| Name of receiving Office and "PCT International Application" | |
| Applicant's or agent's file reference (if desired) (12 characters maximum) FE6000 | |

| | |
|---|--|
| Box No. I TITLE OF INVENTION Preparation of silicon-bridged metallocene compounds | |
| Box No. II APPLICANT <input type="checkbox"/> This person is also inventor | |
| Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) | |
| Basell Polyolefine GmbH Brühler Straße 60 50389 Wesseling Germany | |
| Telephone No. | |
| Facsimile No. | |
| Teleprinter No. | |
| Applicant's registration No. with the Office | |
| State (that is, country) of nationality: DE | State (that is, country) of residence: DE |
| This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box | |
| Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S) | |
| Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) | |
| RESCONI, Luigi Via Arianuova, 56/B 44100-Ferrara Italy | |
| This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.) | |
| Applicant's registration No. with the Office | |
| State (that is, country) of nationality: IT | State (that is, country) of residence: IT |
| This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box | |
| <input checked="" type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet. | |
| Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE | |
| The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: <input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative | |
| Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) | |
| COLUCCI, Giuseppe Basell Poliolefine Italia S.p.A. Intellectual Property P.le G. Donegani 12 44100 Ferrara Italy | |
| Telephone No. (+39-0532)467652 | |
| Facsimile No. (+39-0532)467675 | |
| Teleprinter No. | |
| Agent's registration No. with the Office | |
| <input type="checkbox"/> Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent. | |

| | | | |
|---|--|--|--|
| Continuation of Box No. III - FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S) <i>If none of the following sub-boxes is used, this sheet should not be included in the request.</i> | | | |
| Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i> GUIDOTTI, Simona Via Gaspari, 12 40033-Casalecchio di Reno-Bologna Italy | | This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i> Applicant's registration No. with the Office | |
| State <i>(that is, country)</i> of nationality: IT | | State <i>(that is, country)</i> of residence: IT | |
| This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box | | | |
| Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i> BALBONI, Davide Via Bastianino, 8 44100-Ferrara Italy | | This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i> Applicant's registration No. with the Office | |
| State <i>(that is, country)</i> of nationality: IT | | State <i>(that is, country)</i> of residence: IT | |
| This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box | | | |
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| State <i>(that is, country)</i> of nationality: | | State <i>(that is, country)</i> of residence: | |
| This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box | | | |
| Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i> | | This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i> Applicant's registration No. with the Office | |
| State <i>(that is, country)</i> of nationality: | | State <i>(that is, country)</i> of residence: | |
| This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box | | | |
| Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i> | | This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i> Applicant's registration No. with the Office | |
| State <i>(that is, country)</i> of nationality: | | State <i>(that is, country)</i> of residence: | |
| This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box | | | |
| <input type="checkbox"/> Further applicants and/or (further) inventors are indicated on another continuation sheet. | | | |

Box No. V DESIGNATION STATES

Mark the applicable check-boxes below; at least one must be marked.

The following designations are hereby made under Rule 4.9(a):

Regional Patent

- ☐ AP ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT (if other kind of protection or treatment desired, specify on dotted line)
- ☐ EA Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☒ EP European Patent: AT Austria, BE Belgium, BG Bulgaria, CH & LI Switzerland and Liechtenstein, CY Cyprus, CZ Czech Republic, DE Germany, DK Denmark, EE Estonia, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, SK Slovakia, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☐ OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line)

National Patent (if other kind of protection or treatment desired, specify on dotted line):

- | | | |
|--|---|---|
| <input type="checkbox"/> AE United Arab Emirates | <input type="checkbox"/> GM Gambia | <input type="checkbox"/> NZ New Zealand |
| <input type="checkbox"/> AG Antigua and Barbuda | <input type="checkbox"/> HR Croatia | <input type="checkbox"/> OM Oman |
| <input type="checkbox"/> AL Albania | <input type="checkbox"/> HU Hungary | <input type="checkbox"/> PH Philippines |
| <input type="checkbox"/> AM Armenia | <input type="checkbox"/> ID Indonesia | <input type="checkbox"/> PL Poland |
| <input type="checkbox"/> AT Austria | <input type="checkbox"/> IL Israel | <input type="checkbox"/> PT Portugal |
| <input type="checkbox"/> AU Australia | <input type="checkbox"/> IN India | <input type="checkbox"/> RO Romania |
| <input type="checkbox"/> AZ Azerbaijan | <input type="checkbox"/> IS Iceland | <input type="checkbox"/> RU Russian Federation |
| <input type="checkbox"/> BA Bosnia and Herzegovina | <input checked="" type="checkbox"/> JP Japan | |
| <input type="checkbox"/> BB Barbados | <input type="checkbox"/> KE Kenya | <input type="checkbox"/> SD Sudan |
| <input type="checkbox"/> BG Bulgaria | <input type="checkbox"/> KG Kyrgyzstan | <input type="checkbox"/> SE Sweden |
| <input type="checkbox"/> BR Brazil | <input type="checkbox"/> KP Democratic People's Republic of Korea | <input type="checkbox"/> SG Singapore |
| <input type="checkbox"/> BY Belarus | <input type="checkbox"/> KR Republic of Korea | <input type="checkbox"/> SI Slovenia |
| <input type="checkbox"/> BZ Belize | <input type="checkbox"/> KZ Kazakhstan | <input type="checkbox"/> SK Slovakia |
| <input type="checkbox"/> CA Canada | <input type="checkbox"/> LC Saint Lucia | <input type="checkbox"/> SL Sierra Leone |
| <input type="checkbox"/> CH & LI Switzerland and Liechtenstein | <input type="checkbox"/> LK Sri Lanka | <input type="checkbox"/> TJ Tajikistan |
| <input type="checkbox"/> CN China | <input type="checkbox"/> LR Liberia | <input type="checkbox"/> TM Turkmenistan |
| <input type="checkbox"/> CO Colombia | <input type="checkbox"/> LS Lesotho | <input type="checkbox"/> TN Tunisia |
| <input type="checkbox"/> CR Costa Rica | <input type="checkbox"/> LT Lithuania | <input type="checkbox"/> TR Turkey |
| <input type="checkbox"/> CU Cuba | <input type="checkbox"/> LU Luxembourg | <input type="checkbox"/> TT Trinidad and Tobago |
| <input type="checkbox"/> CZ Czech Republic | <input type="checkbox"/> LV Latvia | |
| <input type="checkbox"/> DE Germany | <input type="checkbox"/> MA Morocco | <input type="checkbox"/> TZ United Republic of Tanzania |
| <input type="checkbox"/> DK Denmark | <input type="checkbox"/> MD Republic of Moldova | <input type="checkbox"/> UA Ukraine |
| <input type="checkbox"/> DM Dominica | | <input type="checkbox"/> UG Uganda |
| <input type="checkbox"/> DZ Algeria | | <input checked="" type="checkbox"/> US United States of America |
| <input type="checkbox"/> EC Ecuador | <input type="checkbox"/> MG Madagascar | |
| <input type="checkbox"/> EE Estonia | <input type="checkbox"/> MK The former Yugoslav Republic of Macedonia | <input type="checkbox"/> UZ Uzbekistan |
| <input type="checkbox"/> ES Spain | <input type="checkbox"/> MN Mongolia | <input type="checkbox"/> VN Viet Nam |
| <input type="checkbox"/> FI Finland | <input type="checkbox"/> MW Malawi | <input type="checkbox"/> YU Yugoslavia |
| <input type="checkbox"/> GB United Kingdom | <input type="checkbox"/> MX Mexico | <input type="checkbox"/> ZA South Africa |
| <input type="checkbox"/> GD Grenada | <input type="checkbox"/> MZ Mozambique | <input type="checkbox"/> ZM Zambia |
| <input type="checkbox"/> GE Georgia | <input type="checkbox"/> NO Norway | <input type="checkbox"/> ZW Zimbabwe |
| <input type="checkbox"/> GH Ghana | | |

Check-boxes below reserved for designating States which have become party to the PCT after issuance of this sheet:

- | | | |
|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)

Box No. VI PRIORITY CLAIM

The priority of the following earlier application(s) is hereby claimed:

| Filing date of earlier application (day/month/year) | Number of earlier application | Where earlier application is: | | |
|---|----------------------------------|--|---|--|
| | | national application: country or Member of WTO | regional application:* regional Office | international application: receiving Office |
| item (1) 08-01-02 (8 January 2002) | 02075040.2 | | EP | |
| item (2) | | | | |
| item (3) | | | | |
| item (4) | | | | |
| item (5) | | | | |

☐ Further priority claims are indicated in the Supplemental Box.

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office) identified above as:

☐ all items
 ☒ item (1)
 ☐ item (2)
 ☐ item (3)
 ☐ item (4)
 ☐ item (5)
 ☐ other, see Supplemental Box

* Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)):

Box No. VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA / EPO

Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (day/month/year)

Number

Country (or regional Office)

Box No. VIII DECLARATIONS

The following declarations are contained in Boxes Nos. VIII (i) to (v) (mark the applicable check-boxes below and indicate in the right column the number of each type of declaration):

Number of
declarations

- | | | |
|---|--|-----|
| <input type="checkbox"/> Box No. VIII (i) | Declaration as to the identity of the inventor | : |
| <input type="checkbox"/> Box No. VIII (ii) | Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent | : |
| <input type="checkbox"/> Box No. VIII (iii) | Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application | : |
| <input checked="" type="checkbox"/> Box No. VIII (iv) | Declaration of inventorship (only for the purposes of the designation of the United States of America) | : 1 |
| <input type="checkbox"/> Box No. VIII (v) | Declaration as to non-prejudicial disclosures or exceptions to lack of novelty | : |